

<b>Case Number:</b>	CM14-0035849		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female who reported an injury on 10/01/2012 due to an unspecified mechanism of injury. Her diagnoses included chronic pain syndrome, myofascial pain syndrome, cervical sprain/strain, lumbar/lumbosacral disc degeneration, and bicipital tenosynovitis. On 06/16/2014 she reported chronic pain in her cervical, thoracic, and lumbar spine as well as her right shoulder. Examination of the lumbar spine included restricted range of motion with extension limited to 15 degrees. Palpation of the paravertebral muscles showed hyper tonicity, spasm, and tenderness on L5. The injured worker had a negative straight leg raise and decreased sensation over the bilateral heels. An MRI of the lumbar spine performed on 11/30/2012 showed mild degenerative disk changes in the lower lumbar spine with disk bulges at L3-L4, L4-L5, and L5-S1. The injured worker's medications included Celebrex 200mg, Levothyroid 112mg, Metaxalone 800mg, and Ultram. The treatment plan was for an MRI of the lumbosacral spine. The request for authorization form was signed and submitted on 02/04/2014. The requesting physician stated in the report that the reason for a repeat MRI was due to the bilateral numbness in her heels.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI OF LUMBOSACRAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

**Decision rationale:** The CA MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. An MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and/or prior to back surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The Official Disability Guidelines further state, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In a report dated 02/04/2014, the injured worker reported bilateral heel numbness. Her straight leg raise was negative. The requesting physician stated in the report that the reason for a repeat MRI was due to the bilateral numbness in her heels. The reports in the documentation did not state that the injured worker was suspected to have any of the above or the presence of red flags or the intent to undergo surgery. There is also no indication of a significant change in symptoms or findings suggestive of significant pathology. The documentation provided is lacking clinical information needed to warrant an MRI. As such, the request for an MRI of the lumbosacral spine is not medically necessary.